



COUNTY OF MAUI  
DEPARTMENT OF PLANNING  
250 SOUTH HIGH STREET  
WAILUKU, MAUI, HAWAII 96793  
TELEPHONE: (808) 270-7735 FAX: (808)270-7634

**APPLICATION TYPE:** AMENDMENT TO SPECIAL MANAGEMENT AREA MAPS

**DATE:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**PROPOSED DEVELOPMENT:** \_\_\_\_\_

**TAX MAP KEY NO.:** \_\_\_\_\_ **CPR/HPR NO.:** \_\_\_\_\_ **LOT SIZE:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **PHONE:(B)** \_\_\_\_\_ **(H)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**OWNER SIGNATURE:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE (B):** \_\_\_\_\_ **(H):** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

**AGENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE (B):** \_\_\_\_\_ **(H):** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EXISTING USE OF PROPERTY:** \_\_\_\_\_

**CURRENT STATE LAND USE DISTRICT BOUNDARY DESIGNATION:** \_\_\_\_\_

**COMMUNITY PLAN DESIGNATION:** \_\_\_\_\_ **ZONING DESIGNATION:** \_\_\_\_\_

**OTHER SPECIAL DESIGNATIONS:** \_\_\_\_\_

APPLICATION FOR  
AMENDMENT OF SPECIAL  
MANAGEMENT AREA MAPS

I. Applicant/Agent:

A. Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

C. Telephone number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_  
\_\_\_\_\_

II. Tax Map Key Identification of Land on which Proposed Action is to occur:

III. Submittals to Accompany Application:

A.

Documentation of ownership or authorization by owners of land on which proposed action is to occur.

B. Statement of the reasons in support of the amendment, including a discussion of the relationship between the proposed amendment and the policies and objectives set forth in Section 2.03 of the Rules and Regulations of the Planning Commission.

C. A statement discussing the proposed use of the land.

D. A public hearing and notice fee of \$150.00.

E. Any other information and documentation required by the Director.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
FOR OFFICIAL USE ONLY

Application certified as complete on \_\_\_\_\_

Planning Director

By \_\_\_\_\_

COUNTY OF MAUI  
DEPARTMENT OF PLANNING

ZONING AND FLOOD CONFIRMATION REQUEST FORM

APPLICANT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

ADDRESS AND/OR LOCATION: \_\_\_\_\_

TMK NUMBER(S): \_\_\_\_\_

**ZONING INFORMATION**

STATE LAND USE \_\_\_\_\_ COMMUNITY PLAN \_\_\_\_\_

COUNTY ZONING \_\_\_\_\_ SPECIAL DISTRICT \_\_\_\_\_

OTHER \_\_\_\_\_

**FLOOD INFORMATION**

FLOOD HAZARD AREA\* ZONE \_\_\_\_\_

BASE FLOOD ELEVATION \_\_\_\_\_ mean sea level, 1929 National  
Geodetic Vertical Datum or for Flood Zone A0, FLOOD DEPTH \_\_\_\_\_  
feet.

FLOODWAY [ ] Yes or [ ] No

FLOOD DEVELOPMENT PERMIT IS REQUIRED [ ] Yes or [ ] No

\* For flood hazard area zones B or C; a flood development permit would be required if any work is done in any drainage facility or stream area that would reduce the capacity of the drainage facility, river, or stream, or adversely affect downstream property.

\*\*\*\*\*

**FOR COUNTY USE ONLY**

REMARKS/COMMENTS: \_\_\_\_\_

- ☐ Additional information required.
- ☐ Information submitted is correct.
- ☐ Correction has been made and initialed.

Reviewed and Confirmed by:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Zoning Administration and Enforcement Division